

## P.O. Box 8747 • BOSTON, MA 02114-8747 (617) 727-2310 www.mass.gov/gic

## Insurance Enrollment and Change Form (FORM -1)

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Insured's GIC-ID (usually Soc. Sec. #)			Sex: Date of Birth		Birth		Dept. ID # or Agency/					
			Female		/		/	/				
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Auuii	555			is is a liew address	City		State		Zip Code			
Date	Entered Service	Bargaining U	nit/Union Name	HR/CMS or UMASS	Employee ID #:	Home Phone		Woi	rk Phone			
/ /						( )		(	)			
02 🗌				LIFE, HEALTH AND LTD COVERAGE				Eff	Effective Date: / 01 /			
New Enrollment Change								Cancel C	overage			
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	Long Term Disabil	itv (LTD)	Annual Salary: \$					Health Insurance				
	Basic Life and He	i.	the Health Plans be	elow) Salary Ef	ow) Salary Effective Date://				Life Insurance			
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	<b>Von Automatic Inc</b>	rease				than annual salary ro	unded down to tl	he			st 12 months	
Amount \$: nearest \$1,000 and choose the lower optional life insurance rates  No more than \$1000 less than annual salary rounded down to												
	No more than \$1000 les: he nearest \$ 1,000	s than annual salary ro	ounded down to			change within 31 days						
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